

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Joseph CLARIC Kohler

10 4748

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

COMMONWEALTH OF PENNSYLVANIA,
York Hospital, (WELLCSPN), WELLCSPN
BENEFICIAL HEALTH, PENN STATE
UNIVERSITY, Keystone Human Services
York County Judicial System, York
County Public Defenders' Office, York
County District Attorney's Office, York
County Prison, York City Police Dept.,
Northern Regional Police Dept., SPRING-
ETTS BURG TOWNSHIP POLICE DEPT.,
West Manchester Police Dept. (SEE ATTACHED)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: Yes No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you
cannot fit the names of all of the defendants in the space provided,
please write "see attached" in the space above and attach an
additional sheet of paper with the full list of names. The names
listed in the above caption must be identical to those contained in
Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Joseph C. Kohler
ID # 46028
Current Institution York County Prison
Address 3400 CONCORD Rd. York, PA 17402

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Commonwealth of PA (York County) Shield # —
 Where Currently Employed York County Official Sites
 Address 45 N. GEORGE ST. YORK, PA 17401

Defendant No. 2

Name York Hospital (Wellspan) Shield # —
 Where Currently Employed York Hospital
 Address 1001 S. George St. York, PA 17403

Defendant No. 3

Name Penn State University Shield # —
 Where Currently Employed Penn State University
 Address 1031 Edgewcombe Ave., York, PA 17403

Defendant No. 4

Name Keystone Human Services Shield # —
 Where Currently Employed —
 Address (?) (Lancaster)

Defendant No. 5

Name York County Judicial System Shield # —
 Where Currently Employed York County
 Address 45 N. GEORGE ST. YORK, PA 17401

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? York County Prison
and York Hospital (Wellspan), plus York County Judicial System.
- B. Where in the institution did the events giving rise to your claim(s) occur? All the
institutions not were stated.
- C. What date and approximate time did the events giving rise to your claim(s) occur? 1987-
2010

ATT 1

(AGAINST)

District Magistrates of Judges Martin & Nixon, Metro BANK of HARRISBURG
T-Mobile Communications, MICHAEL FEIST, MARY JO Kehler, Jeffrey Kehler,
Jonathan Kehler, David Kehler, Judy Shultz, York & Adams County Rescue Missions,
The LAW OFFICES OF ELICKOFF & SILVERSTEIN.

B. Name: York County Police Departments

NAME: District Magistrate Judges Nixon & Martin

NAME: Metro Bank of Harrisburg

Address: 55 Arsenal Rd. York, PA 17405

NAME:

T-MOBILE COMMUNICATIONS

Address: 1700 N. GEORGE ST. YORK, PA 17405

NAME: Michael Feist

Address: UNKNOWN

NAME: Mary Jo Kehler

Address: 828 Cedar Village Ln. York, PA 17406

NAME: Jonathan Kehler

Address: 3700 Concord Rd. York, PA 17402

NAME: JEFFREY Kehler

Address: UNKNOWN

DAVID Kehler

Address: 828 Cedar Village Ln. York, PA 17402

Judy Shultz (Name)

Address: 246 EASTLAND AVE. York, PA 17406

NAME: York & Adams County Rescue Missions

Address: 367 W. Market St. York, PA 17401

NAME: LAW OFFICES OF ELICKOFF & SILVERSTEIN

Address: 32 S. Beaver St. York, PA 17401

What happened to you?

D. Facts: Over the past 13 years I have been set up to lose credibility. People have used their professional power and abused it by doing whatever they want with me. Whatever I say or do, my word does not count. All because of my diagnosis.

Who did what?

All of the above mention took part in my civil cause.

Was anyone else involved?

This is for the courts to decide.

Who else saw what happened?

All people implicated and who work with them.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. No physical injury. But, emotionally there are. I was prescribed medicine and didn't need it.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No _____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

York County Prison 3400 Concord Rd, York, PA 17402

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No _____ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No _____ Do Not Know _____

If YES, which claim(s)? York County Prison, & Mental Health

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No _____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No _____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? York County Prison & Mental Health.

2. What was the result, if any? None, falsification of paper work.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. The whole way to York County Prison Board.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I Only got a couple Sentence denial of most of my 801 grievances,

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I Stated Reliefs I want by my court action submitted to York County, Bas. 2-11-71 notice from prison under Rule 60, and money compensation, plus investigations done.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

On
these
claims

Yes No

- B.** If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

- 1. Parties to the previous lawsuit:**

Plaintiff Joseph Clark Kohler

Defendants None (?)

2. Court (if federal court, name the district; if state court, name the county) Superior Court PA
DuPage.

3. Docket or Index number 2150-MDA-2009

4. Name of Judge assigned to your case BLAICWELL

5. Approximate date of filing lawsuit December 1st, 2009

If NO, give the approximate date of disposition remittable awaiting

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) I have to appeal Blackwell.

C. Have you filed other lawsuits in state or federal court?

Yes No _____

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Commonwealth of PA
Defendants Joseph Clark Kohler

2. Court (if federal court, name the district; if state court, name the county) York County

3. Docket or Index number CP-67-CR-3429-2009

4. Name of Judge assigned to your case Cellie

5. Approximate date of filing lawsuit March, 2009

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition I gave LAST SUMMOTR

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) I plead guilty under pressure when innocent. I'm in jail due to probation violation.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8th day of September, 2010.

Signature of Plaintiff

Joseph C. Kohler

Inmate Number

46028

Institution Address

York County Prison
3400 Concord Rd.
York, PA 17402

E. Yes

F. 1 Party to Previous Lien(s)?

Plaintiff: Joseph C. Kohler

Defendants: Commonwealth of PA. & See Attached.

2. York County

3. 2010-54-3735-49

4. —

5. Ju^{ly} 16th 2010

6. Yes

7. Pending

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 8th day of September, 2010, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Joseph C. Kohler

46028
York County Prison
3400 Concord Rd.
York, PA 17402